RI SOS Filing Number: 202453711010 Date: 5/1/2024 10:23:00 PM



## State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- **1. ID No.** 001736692
- 2. Exact Name of the Limited Liability Company PVD Residency LLC
- 3. State of Formation

State: RI

## **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

531110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THIS INDUSTRY COMPRISES ESTABLISHMENTS PRIMARILY ENGAGED IN ACTING AS LESSORS

OF BUILDINGS USED AS RESIDENCES OR DWELLINGS, SUCH AS SINGLE-FAMILY HOMES,

APARTMENT BUILDINGS, AND TOWN HOMES. INCLUDED IN THIS INDUSTRY ARE OWNER-

LESSORS AND ESTABLISHMENTS RENTING REAL ESTATE AND THEN ACTING AS LESSORS IN

SUBLEASING IT TO OTHERS. THE ESTABLISHMENTS IN THIS INDUSTRY MAY MANAGE THE

PROPERTY THEMSELVES OR HAVE ANOTHER ESTABLISHMENT MANAGE IT FOR THEM.

## 5. Principal Office Address

Fee: \$50.00

No. and Street: 47 WOOD AVE SUITE 2

City or Town: <u>BARRINGTON</u> State: <u>RI</u> Zip: <u>02806</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KENAN HALL Contact Title:
No. and Street: 47 WOOD AVE SUITE 2

City or Town: BSRRINGTON State: RI Zip: 02806 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NORTHWEST REGISTERED AGENT, LLC. 47 WOOD AVE SUITE 2 BARRINGTON, RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 1 Day of May, 2024 at 10:25:48 PM by the authorized person.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By KENAN HALL

Signature of Authorized Person

Form No. 632 Revised 09/07

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